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ABSTRACT

This paper describes the Self-Help Information Service (SIS), and summarizes data evaluating the program. Associated with a generally focused information and referral service (I&R), SIS was designed to facilitate research on self-help groups. Its specific goals were to develop and maintain a telephone referral service disseminating self-help group information, and to record the number of community residents interested in joining self-help groups and the scope of their self-help concerns. The I&R provided personnel assistance in exchange for assistance with information collection and dissemination, and record keeping. A Group Resource Inventory (GRI) and a Potential Member Inventory (PMI) were devised to record information from community residents and from self-help groups. The SIS team completed the inventories following a standardized interview protocol. A 3-month information campaign promoting SIS use by community residents was followed by an abbreviated campaign 6 months later. Results of program evaluation indicated that the I&R information base was expanded. A formative evaluation and follow-up of operator and consumer satisfaction reflected high levels of satisfaction. The results indicate that an information-intensive approach is capable of addressing some important issues in the field of mental health. (The GRI and PMI are appended.) (LLL)

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An Information and Referral Model for Improving Self-Help Group Utilization

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American Psychological Association

Toronto, Canada

August 1984

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Abstract

This paper describes the Self-Help Information Service(SIS), and summarizes data evaluating the program. Associated with a generally focused information and referral service, SIS was designed to facilitate research on self-help groups. In addition, however, it constituted a vehicle for improving community utilization of self-help groups. Evaluative data indicated that SIS effectively pursued both goals in spite of limited funding. Information-intensive approaches thus appear to hold promise for linking professional and naturalistic mental health systems. Although psychologists have rarely been involved with information and referral systems, their program development and evaluation skills suggest that significant professional roles could emerge for psychologists in this area in the future.

Author Notes and Footnote

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1Space limitations prevent a full discussion of the procedures for deriving and analyzing the global indices. They are described, however, in a forthcoming paper available from the author.

An Information and Referral Model for Improving Self-Help Group Utilization

Self-help groups, in which members share a common concern and assume primary responsibility for both organizational direction and mutual assistance, have emerged as a robust social phenomenon in North America since the founding of Alcoholics Anonymous and Recovery, Inc., fifty years ago(Gartner & Riessman, 1977; Katz & Bender, 1976; Lieberman & Borman, 1978). Possessing great adaptability, such groups now address a broad range of problems in living and offer various forms of material and psychological assistance at a low cost to 14 million members(Academy for Educational Development, 1979). It is therefore not surprising that self-help groups have come to be viewed as an important source of human services and that proposals have proliferated for increasing their utilization by the public(President's Commission on Mental Health, 1978).

To be effective, a system for increasing self-help group utilization should be accessible and broadly responsive to the population it serves, philosophically compatible with what has been termed the "self-help movement"(Katz, 1981), and cost-effective.

One promising approach towards resource utilization which meets these criteria is apparent in the recent development of systems for the collection, organization, and telephone dissemination of information about available community resources(Comptroller General of the United States, 1978). Because of the expertise these "information and referral"(I&R) systems possess for facilitating the flow of information, a self-help utilization system might be expected to benefit substantially from association with an I&R. Such a system might also benefit and complement an I&R by expanding its self-help information base and by providing consultive and research services to self-help groups that are unavailable from the I&R itself.

Although a compelling rationale supports the conjoint development of self-help information systems and I&R programs, it remains to be determined whether a viable and effective integration is possible. This issue deserves empirical investigation for at least two reasons. First, several sources indicate that various types of self-help information systems are being developed in different locations and that other systems will be organized in the future. To date, however, no comprehensive and systematic description and evaluation of any of these systems has appeared in the professionally-directed literature. Second, such an investigation would address many informative questions pertaining to the organizational structure, operating procedures, and utilization potential of such a system.

As part of a federally-funded project, our research team

implemented a self-help information service organized along the lines which have been set forth, and co-ordinated the activities of this service within a large metropolitan area for almost three years. During this time we had the opportunity to address numerous organizational issues and to collect information that enabled us to evaluate this program from a variety of perspectives. In the remaining sections of this paper, an overview of our program, called the Self-Help Information Sevice(SIS), will be presented. The extent to which SIS met several relevant organizational criteria will be considered. Finally, the potential that an information and referral model holds for expanding the mental health services delivery system will be discussed.

Program Description

Rationale and Purpose

Initially conceived in a proposal submitted to the National Institute of Mental Health, SIS was envisioned as a service resource which would facilitate research across a broad spectrum of self-help groups meeting in the area of Portland, Oregon. The rationale underlying this conception was that research with self-help groups requires the establishment of collaborative and reciprocal relationships between research staff and group members(Wollert,Knight, & Levy, 1980). It was expected that SIS would satisfy this requirement by providing several valuable information dissemination services to local self-help groups while at the same time promoting access to the groups and providing opportunities for the research team to invite the participation

of group members in various aspects of the research project. Within this explicit research framework, the primary service goals of SIS were to develop and maintain a telephone referral service which disseminated information to callers about self-help groups appropriate to their needs, and to maintain records as to the number of community residents interested in joining self-help groups and the scope of their self-help concerns.

Collaborative Arrangements

It was necessary to resolve several organizational issues in order to operationalize SIS. Foremost among these was forging an alliance with an I&R that would permit SIS to function as envisioned. In negotiations that took place both before and after project funding was achieved, the director of the local I&R and the author reached the necessary collaborative understanding. It was agreed that SIS would provide 20 hours of personnel assistance per week to I&R. In return, I&R would assist SIS with information collection and would incorporate the information dissemination and record-keeping procedures of SIS as part of their routine activities.

Research assistants from SIS were initially placed at I&R for familiarization with community resources and training in information and referral techniques. Once they became proficient implementing I&R and SIS procedures, it was possible for them to train university students enrolled in practica courses to assume their responsibilities. Eventually, it was possible for one assistant on a part-time basis to carry out most of

the administrative activites which were necessary for the day to day operation of SIS.

Instrumentation

The thrust of SIS required the development of a few special procedures and instruments. To facilitate the collection of comprehensive information about self-help groups, a Group Resource Inventory(GRI, see Figure 1) was constructed. A Potential Member Inventory(PMI, see Figure 2) was devised to record information from community residents wishing to obtain self-help group information. Fortunately, I&R staff routinely tallied calls that were received about "support and self-help" groups, and had done so since January of 1978. These data were compiled on a monthly basis. It was consequently unnecessary to develop special procedures for determining the baserate at which community residents sought self-help information before the initiation of SIS.

Operating Procedures

Prescription of a specific set of operating procedures for the coordination of efforts constituted the final step of activating SIS. It was agreed the both services would participate in identifying self-help groups according to a modified version of Levy's(1976) definition. As appropriate groups were identified and as group members telephoned the I&R switchboard to register their groups with SIS, the SIS team completed inventories following a standardized interview protocol. Whenever information was requested by a caller about a self-help group, a PMI would be

completed. If no appropriate referral was available, the PMI would be partially completed and forwarded to the SIS team. Team members would then recontact the caller and either make a special effort to identify an appropriate referral or offer the caller the option of placing his or her name on a waiting list of persons interested in forming self-help groups.

Information Campaign

A three-month information campaign was undertaken when SIS was started to promote its use by community residents. This involved newspaper interviews, television and radio announcements, and the distribution of 800 posters(see Figure 3) to human services agencies, where it was expected that their display would arouse significant interest. A second three-month campaign, based on only public service announcements on television and radio, was carried out six months after the first.

Program Evaluation

From this description it is apparent that SIS would be classified as a pilot demonstration program rather than an operational one(Suchman, 1972). Evaluation of this type of program would be directed most appropriately towards program development and determining the potential the program holds for achieving positive results if it were rendered fully operational. With this in mind, we believed SIS could be evaluated positively if it satisfied these criteria:

1. Expanded information resources about self-help groups;

2. Demonstrated a potential for being used as a community resource;
3. Led to high consumer and operator satisfaction;
4. Served as the vehicle for achieving the research goals of the larger project of which it was a component;

The following sections consider the data relevant to each of these criteria.

Information Resources

Before the initiation of SIS, about 80 self-help groups were included in the I&R information base and a comprehensive directory of self-help groups was unavailable. Over 120 more self-help groups were added to this inventory while SIS was functioning. The information obtained through interviews using the GRI contributed substantially to the publication of a directory of 130 self-help groups open to new members(Tri-County Community Council, 1983). The information base was thus expanded as a result of the activities of SIS and, with the distribution of the directory to human services agencies, an increase in the number of potential information dissemination points was achieved.

Utilization Potential

Figure 4 presents the monthly calls for self-help groups received by the I&R switchboard before, during, and after the two publicity campaigns. About three times the average monthly number of calls about self-help groups were received during the first one, while only a small increase was apparent for the second. A Box-Jenkins analysis(Box & Tiao, 1975) of the

complete series of observations(N=78) indicated that the first campaign was accompanied by a significant increase in calls($t(73)$= 8.08, $p<.001$) whereas the second was not($t(73)=.73$, $p>.10$). In both cases the frequency of calls fell off sharply with the discontinuation of publicity. This type of program will thus be used by community residents, but an ongoing and substantial publicity campaign is probably necessary to realize consistently high rates of use.

Operator and Consumer Satisfaction

Two research assistants working on the project carried out a formative evaluation(Scriven, 1967) of SIS about two months after it began(Tuma & Wadsworth, 1981). They personally interviewed everyone on the SIS and I&R staffs, and interviewed by telephone randomly selected residents who had previously completed the GRI or PMI. A second evaluation was carried out a year later. Figure 5 presents some of the questions asked of interviewees, and their responses. Some dissatisfaction was expressed by potential members for whom a group was not available (question IIa.) and by one group member who felt that the referrals to her group were inappropriate(question Ib.). Overall, however, high levels of satisfaction were reflected in the responses to specific items, and were consistently apparent in global indices that were derived for each group of responents by averaging across items[4].

Research Function

The primary goals of the research project were to collect

data about self-help group processes, differences between professional assistance and mutual assistance, and the impact of self-help groups on psychological functioning. Although the research goals of the project were probably achievable without SIS, SIS did enable groups to be representatively sampled from the community, and thus increased the generalizability of the research results. SIS was also undoubtedly helpful in attaining access to about 15 different groups that allowed the research team to observe their meetings and provided the many subjects(N=250) that were needed to complete interviews and questionnaires. Finally, SIS provided a means by which members were recruited for participating in a true experiment in which they were randomly assigned to either a "laboratory analogue" self-help group or a waiting list control group.

Discussion

This presentation has described and reported an evaluation of SIS, a program for increasing the utilization of self-help groups that is integrated with a much more generally focused information and referral service. In terms of the evaluative criteria which were applied, SIS is considered to have performed satisfactorily. The adequacy of the system's performance is placed in proper perspective when it is appreciated that SIS primarily served a research function, and that funds were simply not available for a consistent and concerted service delivery effort. One can only speculate, of course, but it seems reasonable to suppose that additional resources would have led to more

impressive results.

Although SIS holds considerable potential for impacting at the level of the individual, the opportunities that this organizational model affords for bridging some of the gaps between the professional and naturalistic mental health systems should also be kept in mind. Human services professionals could use such a program, for example, to identify self-help groups appropriate for their clients or for furthering their own interests in continuing education. Self-help groups, in contrast, could use it to recruit additional members or to obtain professional consultation that might enhance their group. Researchers and mental health administrators could use the program to gain access to self-help groups or to assess and respond to the unmet self-help needs in their community.

From these illustrations it is apparent that an information-intensive approach is capable of addressing some important issues in the field of mental health. How efficacious this approach will prove to be in resolving these remains to be determined. It also remains to be determined if a significant role may be developed in the field of information and referral for psychologists, who seemingly possess valuable and relevant skills in the areas of program development and evaluation but have rarely been involved with information and referral services(Mickelson, 1979). On the basis of the results of this work, however, it would seem that both questions warrant extensive consideration in the future.

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Figure 1. The Group Resource Inventory

REFERENCED UNDER: _____

_____

IDENTIFYING NUMBER: _____

INFORMATION REFERS TO:

Specific Group _____

Central Organization _____

****

1. a. What is the legal name of the group?_____
   b. What is the common name of the group?_____
   c. What are any previous names of the group?_____
2. Who are two contact persons for the group?
   a. Name:_____telephone (day)_____(night)_____
   b. Name:_____telephone (day)_____(night)_____
3. What is the mailing address of the group?_____
   _____
4. What is the purpose of the group?_____
   _____
5. In general, what types of people are in the group? (i.e. age, sex, race, marital status, parental status, occupational status, etc.)_____
   _____
6. MEMBERSHIP PROCESS:
   a. Who is eligible to join the group?_____
   _____
   b. Is the group accepting new members?_____Possibly in the future?_____
   c. Will the group accept referrals from the information and referral service?_____
   d. What is the procedure for becoming a new member?_____
   _____
   e. What membership duties are required? dues:_____attendance:_____
   other (please specify)_____
   f. What membership duties are encouraged but not required?_____
   _____
   g. Is member participation in the group process required?_____
   h. How long does the average member participate in the group?_____
7. MEETINGS

   a. Are there group meetings which are open to the public? yes_____no_____
   If yes; time_____place_____
   Is the meeting place accessible to the handicapped? yes_____no_____ By public transportation? yes_____no_____ Bus number_____
   What is the average number of people who attend a meeting?_____
   What is the total number of members in this group?_____

   b. Are there group meetings which are closed to the public? yes_____no_____
   If yes, time_____place_____
   Is the meeting place accessible to the handicapped? yes_____no_____ By public transportation? yes_____no_____ Bus number_____
   What is the average number of people who attend a meeting?_____
   What is the total number of members in this group?_____

   c. Are there group activities outside of scheduled meeting times?_____
   If yes, what is the frequency?_____Purpose?_____

   d. Are group meetings confidential?_____Exceptions?_____

   e. What is the expected duration of the group? Ongoing_____
   Time limited (please specify)_____

Figure 1. (Cont'd) The Group Resource Inventory

8. SERVICES PROVIDED:

Are any of the following services provided?

SUPPORT_____
EDUCATION/INFORMATION_____
CONSULTATION/LIAISON (LINKING)_____
REFERRAL_____
THERAPY_____
PERSONAL GROWTH_____
ADVOCACY (POLITICAL ACTION)_____
PHYSICAL ASSISTANCE_____
MATERIAL ASSISTANCE_____
RECREATIONAL ACTIVITIES_____
ACTIVITIES OF DAILY LIVING_____
PERSONAL/SOCIAL ADJUSTMENT (REHAB)_____
OTHER (PLEASE SPECIFY)_____

9. PROFESSIONAL INVOLVEMENT:

a. Are there any professionals involved with the group? yes_____no_____
If yes, are professionals involved in any of the following capacities? (please indicate expected duration of involvement):
LEADER_____FACILITATOR_____
THERAPIST_____OBSERVER_____
CONSULTANT_____OTHER (PLEASE SPECIFY)_____

b. Who controls the group? Members_____Professionals_____
Other (please specify)_____

10. ORGANIZATIONAL STRUCTURE

a. When was the group established?_____
b. Does the group receive any funds? yes_____no_____ If yes, please specify the source(s) of funds:_____
c. Is the group linked with any other groups, agencies, and/or persons?_____
If yes, please specify the linkage (affiliation, sponsor, etc.):_____
_____
d. Does the group fall within any of the following categories:
PUBLIC_____PRIVATE_____PROFIT_____
NON-PROFIT_____INCORPORATED_____LICENSED_____BOARD OF DIR._____
e. Does the group have any designated leaders? yes_____no_____ If yes, are the leaders elected by the members_____appointed (if so, by whom)_____
other (please specify)_____
f. Does the group publish literature? yes_____no_____ If yes, how frequently?_____
_____ Is there a fee?_____
Would the group please send us copies of any publications to:

RRI, PORTLAND STATE UNIVERSITY, P.O. BOX 751, PORTLAND, OR 97207

g. If the group initiated contact with SIS, how did the group learn of SIS?_____
_____

11. PERSONS INTERVIEWED:
Name:_____Date interviewed:_____
by:_____
Name:_____Date interviewed:_____
by:_____

12. INTERVIEWER COMMENTS:

_____

_____

Figure 1. (Cont'd) The Group Resource Inventory

8. SERVICES PROVIDED:

Are any of the following services provided?

SUPPORT_____
EDUCATION/INFORMATION_____
CONSULTATION/LIAISON (LINKING)_____
REFERRAL_____
THERAPY_____
PERSONAL GROWTH_____
ADVOCACY (POLITICAL ACTION)_____
PHYSICAL ASSISTANCE_____
MATERIAL ASSISTANCE_____
RECREATIONAL ACTIVITIES_____
ACTIVITIES OF DAILY LIVING_____
PERSONAL/SOCIAL ADJUSTMENT (REHAB)_____
OTHER (PLEASE SPECIFY)_____

9. PROFESSIONAL INVOLVEMENT:

a. Are there any professionals involved with the group? yes_____no_____
If yes, are professionals involved in any of the following capacities? (please indicate expected duration of involvement):
LEADER_____FACILITATOR_____
THERAPIST_____OBSERVER_____
CONSULTANT_____OTHER (PLEASE SPECIFY)_____

b. Who controls the group? Members_____Professionals_____
Other (please specify)_____

10. ORGANIZATIONAL STRUCTURE

a. When was the group established?_____
b. Does the group receive any funds? yes_____no_____ If yes, please specify the source(s) of funds:_____
c. Is the group linked with any other groups, agencies, and/or persons?_____
If yes, please specify the linkage (affiliation, sponsor, etc.):_____
_____
d. Does the group fall within any of the following categories:
PUBLIC_____PRIVATE_____PROFIT_____
NON-PROFIT_____INCORPORATED_____LICENSED_____BOARD OF DIR._____
e. Does the group have any designated leaders? yes_____no_____ If yes, are the leaders elected by the members_____appointed (if so, by whom)_____
other (please specify)_____
f. Does the group publish literature? yes_____no_____ If yes, how frequently?_____
_____ Is there a fee?_____
Would the group please send us copies of any publications to:

RRI, PORTLAND STATE UNIVERSITY, P.O. BOX 751, PORTLAND, OR 97207

g. If the group initiated contact with SIS, how did the group learn of SIS?_____
_____

11. PERSONS INTERVIEWED:
Name:_____Date interviewed:_____
by:_____
Name:_____Date interviewed:_____
by:_____

12. INTERVIEWER COMMENTS:

_____

_____

Figure 2. The Potential Member Inventory

REFERENCE NUMBER_____

Note: When returning calls to potential group members, do not leave messages from the "Self-Help Project" which may cause embarrassment.

POTENTIAL MEMBER INTERVIEW

1. What is your name?_____

2. Telephone (home)_____(work)_____

3. Address_____

4. What is your concern? (i.e. What type of group are you interested in?)_____
_____
_____
_____

5. Are there any special circumstances which might affect your participation in a group (i.e. physical handicap, etc.)?_____
_____

**Refer to the file of available self-help groups and see if there is an appropriate group to meet the caller's need(s). If there is a group available, make the referral and proceed with question 7; if there is no group available proceed with question 6. (Note referral and date under Status of Indiv. Contact below).

6. If there is no Self-Help Group to fit the caller's need, ask:
"Would you be willing to be on a waiting list to form a group"?_____
"Would you be willing to help launch the group"?_____

7. Explain that the following information is optional and for our book-keeping and filing purposes only:

a. What is your age?_____
What is your sex?_____
What is your Ethnic I.D.?_____
Are you employed? yes____no_____
If yes, what is your occupation?
_____

Living Situation:
Individual_____
Couple_____
Single Parent_____
Two Parent_____
Number of Children_____

b. If the potential member contacted us, ask:
"How did you learn of the Self-Help Information Service?"_____
_____

INTERVIEWED BY:_____DATE_____

INTERVIEWER COMMENTS:_____
_____
_____
_____
_____

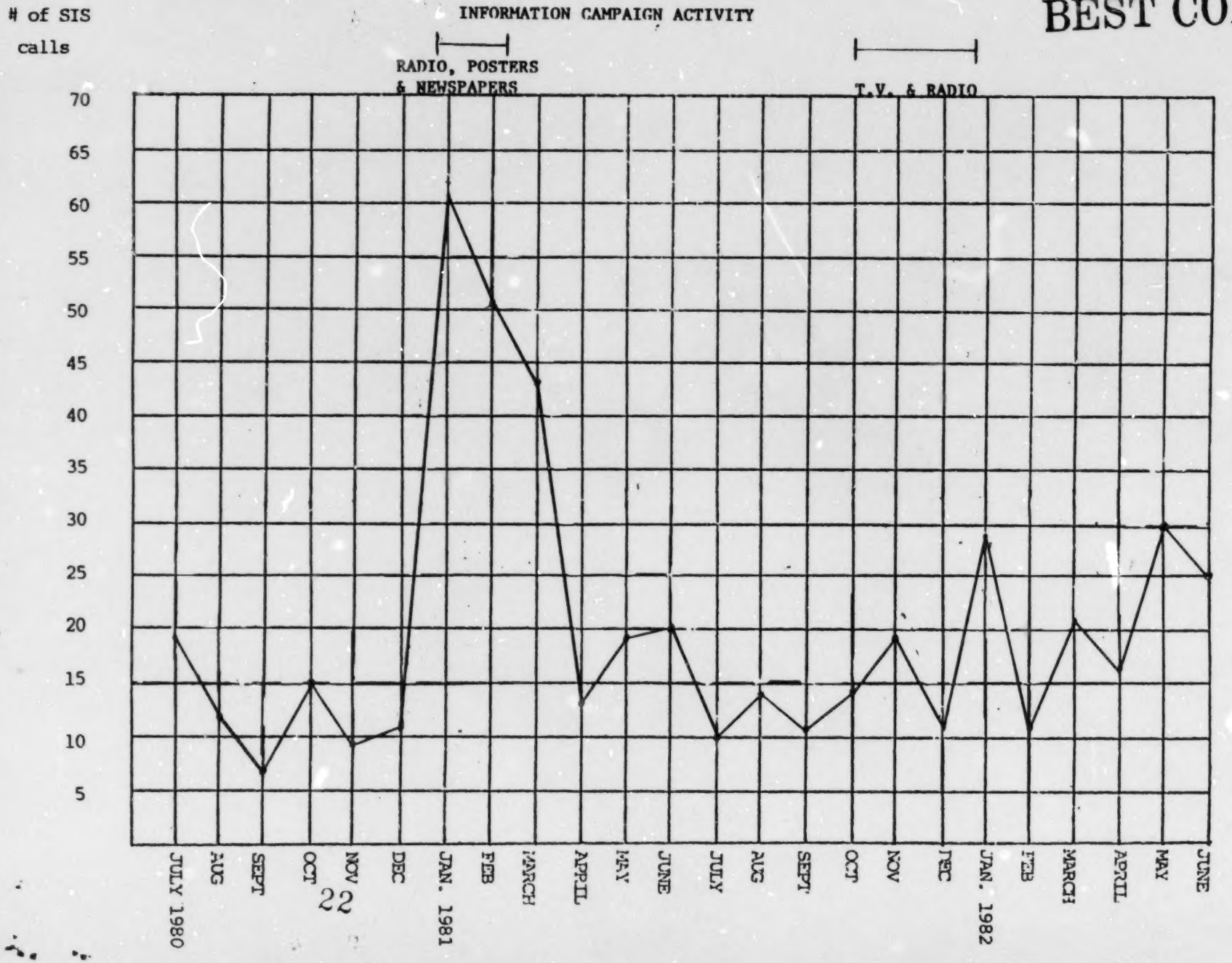
DATES	STATUS OF INDIVIDUAL CONTACT
_____	_____
_____	_____
_____	_____

Figure 3

Poster for the First Information Campaign

(Limited copies of this poster and the expense of printing new copies do not allow this 20" x 28" poster to be distributed with this paper. The author may be contacted for information as to how copies may be obtained.)

Figure 4. Total Number of Calls Per Month to I&R Requesting Self-Help Information



BEST COPY

Figure 5

Examples of Questions and Responses on the Operator and Consumer Satisfaction Surveys

Questions	Evaluation			
	First		Second	
	+	-	+	-
I. Asked of groups				
a. How satisfied were you with SIS contacts?	17	8	65	2
b. Did registration with SIS prove harmful?	not asked		87	1
II. Asked of callers				
a. Were you satisfied with SIS overall?	28	5	21	7
b. Did you get accurate information?	33	2	19	3
III. Asked of I&R staff				
a. Do SIS procedures disrupt functioning at I&R?	6	0	4	1
b. Are you satisfied with attitudes of SIS staff towards you?	6	0	5	0
IV. Asked of SIS staff				
a. Are you satisfied with SIS overall?	10	0	9	0
b. Are you satisfied with the way your time is spent on SIS assignments?	9	1	9	0

Note. Entries are the total number of evaluatively positive and evaluatively negative responses for each question.